U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget* No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - Lad	2. Fiscal Year Covered From:
	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Gary R Alward	Name General Teamsters Local Union No. 249
	Labor Organization File Number 028-815
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any PO Box 40128
Street 160 West Manilla Avenue	Street Teamsters Temple, 4701 Butler Stree
City Pittsburgh	City Pittsburgh
State Pennsylvania ZIP Code + 4 15220	State Pennsylvania ZIP Code + 4 15201-0128
5. Position in labor organization. Union Officer	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati 6. Name and address of Employer (including trade name, if any). Name	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
P.O. Box, Bldg., Room No., if any	
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	Perjury and other applicable penalties of the law, that all of the information ving documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)
submitted in this report (including the information contained in any accompany	ring documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Gary Alward	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Western PA Teamsters & Employers Welfare Find. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 50 Perm Circle West City Pittsburgh State Pennsylvania ZIP Code + 4 15206-3612	9. Business deals with: a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
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(including trade name, if any). Name Trade Name, if any:				
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City State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
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Page 2 of 4

Form LM-30 (2003)

Name of Person Filing • GARY ALWARD	F	le Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise		
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any). Name	ELLWOOD CITY. PA 12.b. Amount. Prints A and B above) or other thing of value.	
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Page 2 of 4

Form LM-30 (2003)

Name of Person Filing • CARY ACWARD	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active. (2) any part of which consists of buying from or selling or leasing directly or individually with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PNC ADVISORS	· ·
Trade Name, if any:	a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 625 LIBERTY AVE	G. Elliptoya.
City 16H	
State	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name WESTERN (A TEAMSTERS EMP WEIFARE	FINANCIAL SERVICE GROUP FOR FUND
Trade Name, If any:	
P.O. Box, Bldg., Room No., if any	
Street 50 PENN CIECLE WEST	A section of the sect
City PSH	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State	GOLF EVENT 7-8-04
Land College Control of Control o	LIBONIOR PA.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.
NOTICE OF THE PROPERTY OF THE	<u> </u>

Name of Person Filing Gary Alward	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name	- The second sec	
Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street		
City		
State ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
L	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
Name Jubelirer, Pass & Intrieri, P.C.	Christmas gift of food and beverage valued at \$65.00 from law firm who	
Trade Name, if any:	represents Teamsters Local 249.	
P.O. Box, Bldg., Room No., if any		
Street 219 Fort Pitt Boulevard		
City Pittsburgh		
State PA ZIP Code + 4 15222		
13.b. Is the Business an Employer X or Consultant?	14.b. Amount of payment. \$65.00	

File Number U-

Name of Person Filing

Name of Person Filing • CARY ALWARO	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name NEW PENN MOTOR FREIGHT	processing the second	·	
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any Po Box 630	b. Trust c. Employer		
Street			
City LEBANON			
State PA ZIP Code + 4 170 42 -0630			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	- Andrews - Market -	
Name TEAMSTERS LOCAL 249	FREIGHT TRUCKING	Company	
Trade Name, if any:		in a distribution of the second of the secon	
P.O. Box, Bidg., Room No., if any			
Street 4701 BUTLER ST	11.b. Approximate dollar value of such dealing.	UNKNOWN	
City RF	12.a. Nature of interest held or income receive		
State PA ZIP Code + 4 15201-0125	SAFETY MEETING	JAN 04	
	GREENTEKE PA		
-	12.b, Amount.	# 26.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.		
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